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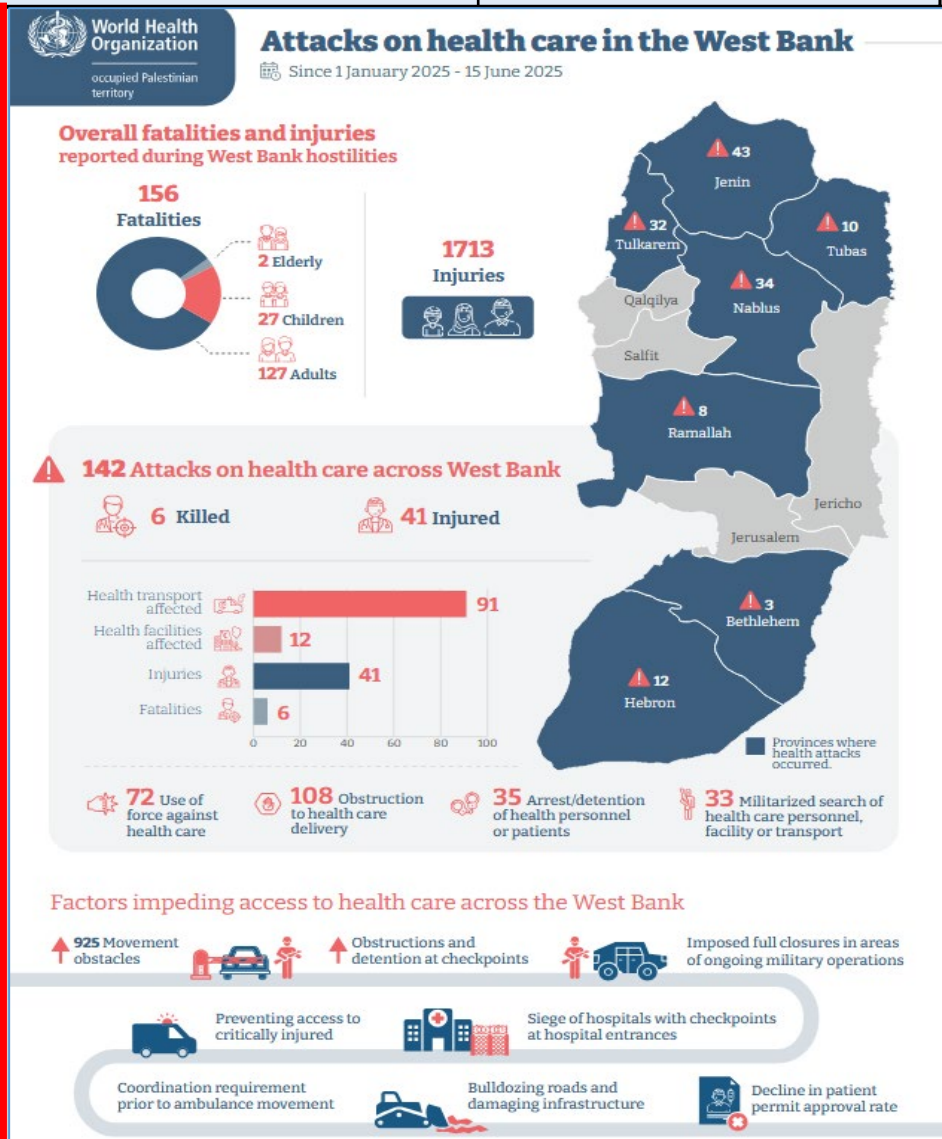
News:

- **USA/CDC:** a lawsuit was filed by six medical groups and the Vaccine Integrity Project (VIP) against the Department of Health and Human Services (HHS) and HHS Secretary Robert F. Kennedy Jr. in a US district court in Massachusetts. It contends that coordinated actions by HHS and Kennedy were designed to mislead, confuse, and gradually desensitize the public to anti-vaccine and anti-science rhetoric. It also contends that Kennedy has widely flouted federal procedural rules, including blocking CDC communications, cancelling federal vaccine advisory group meetings without explanation, and announcing studies to probe non-existent links between vaccines and autism. The lawsuit asks for preliminary and permanent injunctions to halt Kennedy's COVID vaccine recommendations and to declare that the changes are unlawful.
- **UN:** Some of the worst droughts in recorded history have taken place in the past two years, according to a new UN report. The report's publication came amid a broiling heatwave in Europe, which has caused at least eight deaths in several countries as temperatures, yet again, surpassed seasonal averages.
- **ECDC**: has launched a new series of weekly updates on mosquito-borne illnesses and has published guidance on locally acquired *Aedes*-borne diseases in Europe. The number of locally acquired dengue infections has been increasing over the past few years, with West Nile virus infections reported from 19 countries, which reflects the growing geographic spread and public health impact of the diseases. *Aedes albopictus* is established in 369 regions of Europe, up from 114 regions a decade ago. So far this year, France has reported six outbreaks of locally acquired chikungunya on the mainland with illness onsets in May and June, which is an unusually early start to the season, an example of how changing environmental conditions are leading to longer and more favorable transmission periods.
- **WHO**: An independent group that studied the origins of SARS-CoV-2 published its full findings end of June, which said though most available and accessible scientific evidence supports a jump from animals to people, it can't rule out the second of the two main hypotheses, an accidental lab-related event.
- **WHO**: adds XFG to SARS-CoV-2 variants under monitoring, as global proportions increase rapidly. In its initial risk assessment, the experts said the public health risk is currently low. In May, the proportion of XFG viruses rose in all three WHO regions that consistently share SARS-CoV-2 sequences, especially in Southeast Asia. Cases and hospitalizations are rising in countries where XFG proportions are high, but so far there is no sign that infections are more severe.
- **Novartis**: announced that it has received approval for the world's first malaria treatment for newborns and young babies. Until today there are no approved treatments for babies who weigh less than 4.5 kilograms (9.9 pounds), leaving a treatment gap. Also, there are no malaria vaccines approved for the youngest infants. The new drug, called Coartem Baby (artemether-lumefantrine) could close this gap.
- **WHO**: announced Surinam the first country in the Amazon region to receive malaria-free certification. This historic milestone follows nearly 70 years of commitment by the government and people of Suriname to eliminate the disease across its vast rainforests and diverse communities.
- **ECDC**: In 2025, ECDC celebrates 20 years of strengthening Europe's defences against infectious diseases and protecting the health of over 500 million people across the EU.



Proseko
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When Hospitals Break: A Quarter-Century of Infectious Disease Crises in the Middle East I

Source: Proseko

The Middle East has become an unintended laboratory for studying healthcare system resilience under extreme pressure. Over the past 25 years, the region has endured a relentless succession of infectious disease outbreaks that have repeatedly pushed hospitals beyond their breaking points, created new paradigms for outbreak response, and revealed critical vulnerabilities in even well-resourced healthcare systems.

The Rift Valley Fever Shock: When the Impossible Happened (2000-2001): Rift Valley fever jumping continents.

In September 2000, hospitals in Saudi Arabia's Jizan Province began receiving patients with mysterious hemorrhagic symptoms that would fundamentally change Middle Eastern outbreak preparedness. The outbreak required elaborate referral systems from primary care centers to specialized hospitals, international laboratory support from the CDC, and emergency measures including school closures.[1] The economic impact reached $90 million USD, establishing a template for how emerging infectious diseases could overwhelm regional healthcare infrastructure.[2] The genetic analysis confirmed what epidemiologists feared: the virus had been imported through infected livestock from East Africa, marking the first documented occurrence of RVF outside the African continent and raising the specter of further geographic expansion.[3]

The MERS-CoV Healthcare Paradox: When Hospitals Become Amplifiers (2012-2025)

Hospitals, designed to heal, became the primary amplification sites for a virus that continues to circulate 13 years after its discovery. The 2014 Jeddah outbreak revealed the stark reality: 97.3% of symptomatic non-healthcare personnel had contact with healthcare facilities in the 14 days before illness onset.[4] This wasn't coincidence—it was evidence of systematic nosocomial transmission that would define MERS-CoV epidemiology. The pattern repeated in 2015 when hospital-related outbreaks in Riyadh generated 1,115 cases and 480 fatalities. The 2017 data showed the persistence of the problem: 8 hospital outbreaks resulting in 91 cases and 12 deaths.[5] WHO documents ongoing nosocomial transmission, including a 2025 Riyadh cluster where six healthcare workers acquired infection from a single patient they had cared for.[6] Despite 13 years of experience, MERS-CoV continues to exploit vulnerabilities in healthcare settings.

The Yemen Cholera Catastrophe: When Healthcare Systems Collapse (2016-2022)

Yemen's cholera epidemic represents something unprecedented in modern public health: the largest documented cholera outbreak in recorded history, occurring simultaneously with the complete collapse of a national healthcare system. It is documented that half of the nation's hospitals were either destroyed by airstrikes, occupied by rebel forces, or shut down due to lack of medical personnel. The healthcare system remains fractured, seven years after the initial outbreak.

The H1N1 Mass Gathering Challenge: When Pilgrimage Meets Pandemic (2009-2010)

Saudi Arabia faced the dual challenge of 15,850 laboratory-confirmed cases with 124 deaths while hosting over 2.5 million Hajj pilgrims from 180+ countries.[7] The healthcare system response was unprecedented, requiring dedicated surveillance systems, enhanced hospital capacity, and international coordination with WHO and CDC. Media documented 12 healthcare worker infections at King Abdullah Medical City in Makkah, compromising hospital operations during peak demand. Iran simultaneously managed 2,662 RT-PCR confirmed cases with 58 deaths, while coordinating with Saudi authorities to prevent international spread through returning pilgrims.[8] The experience established protocols still used today for managing infectious diseases during mass gatherings.

The COVID-19 Regional Devastation: When Everything Connects (2020-2022)

Iran: The Regional Epicenter

Iran's emergence as one of the first COVID-19 epidemic countries after China [WHO Iran Feature, 2020] created cascading effects throughout the region. The healthcare system strain was immediate and severe.[9]

Iraq: Cross-Border Contagion

Iraq's experience illustrated how regional interconnectedness could overwhelm already fragile systems. Hospital wards became breeding grounds for infections, placing physicians and staff at great personal risk. Decades of wars, sanctions, and internal conflicts have compromised Iraq's health system, which once was the best system in the region, leaving it particularly vulnerable to pandemic pressures.[11]

Lebanon: Compound Crisis

Lebanon faced the unique challenge of managing COVID-19 during economic collapse. The financial crisis resulted in a scarcity of medical supplies necessary to deal with the COVID-19 outbreak.[10]

Current Threats: The Pattern Continues (2023-2025)

MERS-CoV Persistence

WHO documented nine new MERS cases between March-April 2025, including a Riyadh hospital cluster affecting six healthcare workers who acquired infection from a single patient.[12] Global surveillance shows 2,627 laboratory-confirmed cases with 946 deaths (36% CFR) [WHO EMRO, 2025]since 2012, with 84% occurring in Saudi Arabia. The persistence of nosocomial transmission indicates ongoing systemic vulnerabilities.

Yemen's Continuing Crisis

There were reports over 30,000 suspected cholera cases in 2024, with models predicting 255,000 cases by September 2024 if current trends continue. [13] The healthcare system remains compromised, with ongoing strain on severely limited infrastructure.

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When Hospitals Break: A Quarter-Century of Infectious Disease Crises in the Middle East II

Source: Proseko

Current Threats: The Pattern Continues (2023-2025)

Mass Gathering Risks

WHO documented 11 invasive meningococcal disease cases among Hajj/ Umrah pilgrims in early 2025, including six cases among returning pilgrims in Europe and the Eastern Mediterranean.[14]

Critical Patterns: What the Data Reveals

Pattern 1: Healthcare-Associated Amplification

The most striking pattern is how healthcare facilities repeatedly became amplification sites rather than containment centers. From 97.3% healthcare facility contact in MERS-CoV outbreaks to ongoing nosocomial transmission in 2025, hospitals have consistently failed to contain rather than amplify outbreaks.

This represents a fundamental challenge to outbreak control strategies. Healthcare workers themselves become both victims and vectors, compromising system capacity precisely when it's needed most.

Pattern 2: Mass Gathering Vulnerability

Religious pilgrimages have repeatedly served as outbreak amplifiers and international spread mechanisms. documented H1N1 transmission during Hajj, while current MERS-CoV and meningococcal surveillance shows ongoing risks.

The challenge is managing infectious disease risk while respecting religious obligations for millions of pilgrims from diverse epidemiological backgrounds.

Pattern 3: Conflict-Healthcare Nexus

Yemen's cholera epidemic demonstrates how armed conflict can transform manageable endemic diseases into unprecedented humanitarian catastrophes. It showed that infrastructure destruction and healthcare worker displacement created conditions for the largest documented cholera outbreak in history.

Pattern 4: Regional Interconnectedness

COVID-19 revealed how Iran's emergence as a regional epicenter could affect healthcare capacity across multiple countries. Cross-border movement of people, particularly for religious and cultural reasons, creates epidemiological connections that transcend national healthcare planning.

Implications for Global Health Security

1. Nosocomial Transmission as System Vulnerability

The persistent challenge of healthcare-associated transmission across multiple pathogens (MERS-CoV, H1N1, RVF) suggests fundamental weaknesses in infection control that may be universal rather than region-specific.

2. Mass Gathering Epidemiology

The Middle East's experience with managing infectious diseases during mass gatherings provides crucial lessons for global events, from Olympic Games to religious pilgrimages worldwide.

3. Conflict-Health Interactions

Yemen's experience offers sobering lessons about how armed conflict can amplify infectious disease threats, with implications for other conflict-affected regions globally.

4. Regional Interconnectedness

The COVID-19 experience demonstrates how disease emergence in one country can overwhelm healthcare systems across an entire region, highlighting the need for coordinated international preparedness.

Needed Research:

- Systematic analysis of nosocomial transmission mechanisms across different healthcare settings
- Development of rapid hospital surge capacity models for emerging infectious diseases
- Investigation of healthcare worker protection strategies that maintain system function
- Analysis of mass gathering epidemiology and containment strategies
- Study of conflict-health interactions and resilient healthcare design

Looking Forward: Preparedness in an Interconnected World

The Middle East's experience over the past 25 years provides insights into challenges facing global health security. The region's position at the crossroads of Africa, Asia, and Europe, combined with substantial population movements for religious and economic reasons, creates epidemiological pressures that may become more common worldwide.

The pattern observed shows healthcare systems, even well-resourced ones, face systematic vulnerabilities when confronted with emerging infectious diseases. Hospitals can become amplifiers rather than containment centers. Mass gatherings create unique risks requiring specialized preparedness. Armed conflict can transform manageable diseases into unprecedented catastrophes. Regional interconnectedness means that local outbreaks can rapidly become international crises.

As global interconnectedness increases and emerging infectious disease threats continue to evolve, the Middle East's experience offers both warnings and lessons for healthcare system strengthening worldwide.

This analysis is copied from Proseco and based on systematic review of primary sources including WHO Disease Outbreak News, peer-reviewed literature, and official government reports spanning 2000-2025.

Malaria – 2025
Factors Affecting Malaria Control

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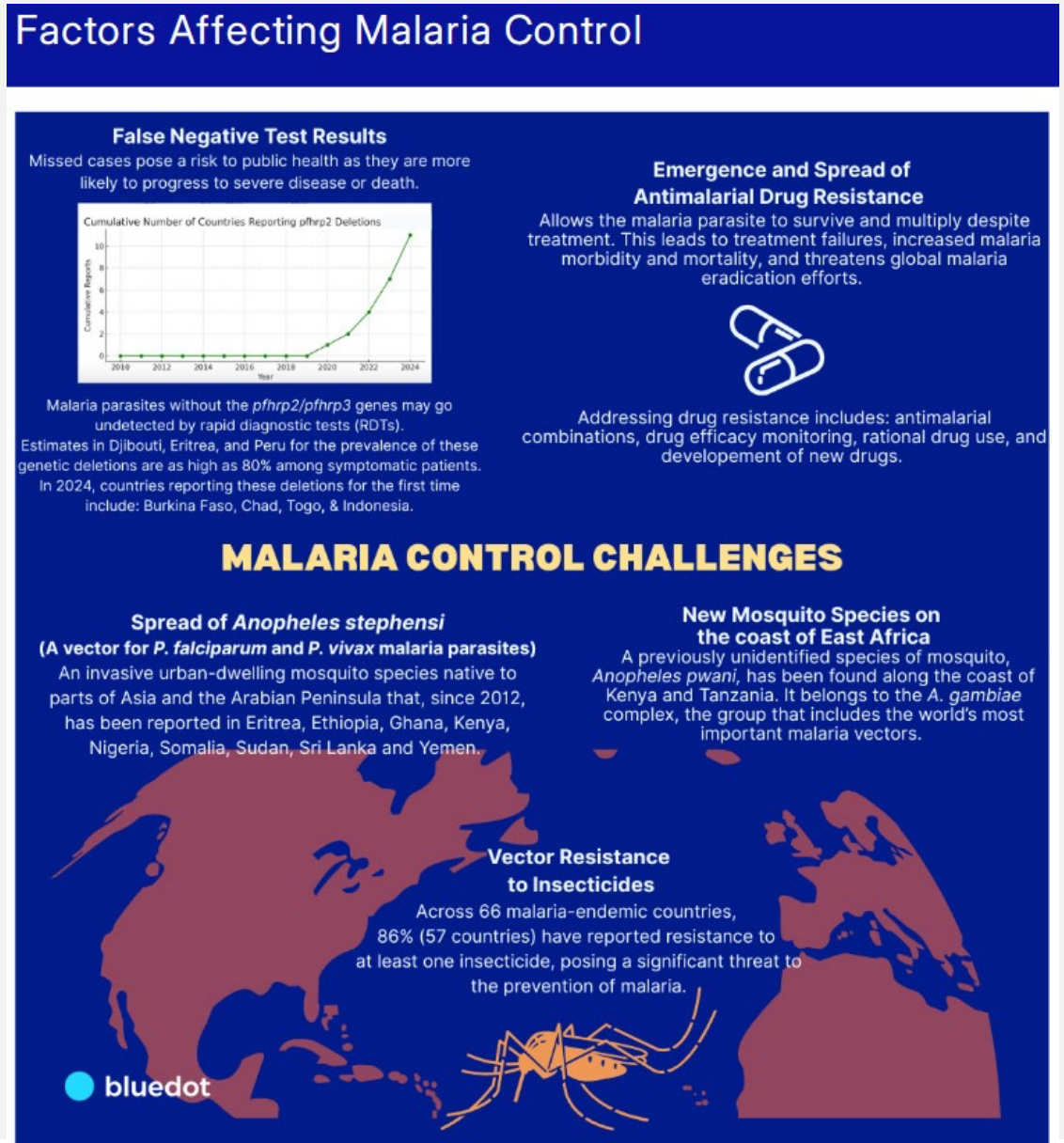


Main challenges in Malaria control

- **Rapid Diagnostic Tests (RDTs) & Deletions of P. falciparum histidine-rich protein 2 (pfhrp2) gene**

Most RDTs detect *P. falciparum* malaria through detection of the histidine-rich protein 2 (HRP2) or the histidine-rich protein 3 (HRP3) antigen expressed on the *P. falciparum* parasite. Therefore, *P. falciparum* parasites that do not express HRP2 or HRP3 may escape detection.[1]

- **Emergence and Spread of Antimalarial Drug Resistance**

In Africa, mutations linked to **partial artemisinin resistance** in *P. falciparum* have been identified in the Horn of Africa (2016-2019), eastern Africa (2016-2020) and, more recently, southern Africa (2023), (confirmed in **Eritrea, Rwanda, Tanzania, and Uganda**) (suspected in **Ethiopia, Sudan, Namibia** and **Zambia.**[1]
In South America, **piperaquine resistance** has now emerged in countries within the **Guiana Shield** which undermines the efficacy of dihydroartemisinin-piperaquine (DHA-PPQ)

- **Vector Resistance to Insecticides**

The control of mosquitoes through chemical insecticides help prevent millions of cases of malaria annually.1 No new countries reported insecticide resistance between 2018 and 2023, with resistance to at least one insecticide confirmed in 57 countries (86%).[1]

- **The Spread of *Anopheles stephensi***

In 2024, no new countries reported detections of *An. stephensi* mosquitoes, however, they were detected in 10 new sites in Kenya in 2023 and 2024 suggesting further expansion within the country.

- **New Mosquito Species on the coast of East Africa**

Previously an unidentified species of mosquito (Pwani molecular form) along the coast of Kenya and Tanzania has been discovered.[2, 3]

Population Displacement

Displacement due to conflict, violence, and natural disasters disproportionately affect populations in malaria endemic countries.

- **Malaria Funding**

New modelling from the Malaria Atlas Project has estimated that if current funding levels are maintained, globally, an additional 112 million malaria cases and 280,000 deaths could be seen over the 2027-2029 period.[4]

ECDC risk assessment for hepatitis A cases in the EU

The European Centre for Disease Prevention and Control (ECDC) has issued a Rapid Risk Assessment in response to a multi-country outbreak of hepatitis A in the EU/EEA. A significant increase in hepatitis A virus (HAV) infections has been reported in Austria, Czechia, Hungary, and Slovakia between January and May 2025. The rise in HAV infections is primarily affecting adults experiencing homelessness, individuals who use or inject drugs, and those living in poor sanitary conditions who have limited access to healthcare. Cases have also been reported among members of the Roma communities in both Czechia and Slovakia.

The four affected countries have reported **2097 cases of hepatitis A in 2025**. Slovakia – which has been experiencing an ongoing outbreak since late 2022 - has reported **880 cases** reported in 2025 alone. This year, Austria has recorded **87** confirmed cases, including **three deaths**, already exceeding its 2024 total. In Czechia, **600 cases** have been confirmed in 2025, including **six deaths**, with young children being the most affected group. Hungary has reported **530 cases** this year, mainly among adults. Germany, though **not considered an affected country**, identified **three cases** with genomic profiles matching those in Hungary and Austria.

Genetic sequencing suggests **ongoing person-to-person transmission** within connected social networks or geographical areas, rather than multiple unrelated outbreaks. These findings confirm **cross-border transmission** and underscore the **need for coordinated public health action**, as well as the importance of collaboration, timely detection, and targeted interventions.

In EU/EEA countries currently experiencing outbreaks, the probability of sustained transmission and circulation of the virus is **high among people living in poor sanitary conditions**, people who **inject drugs,** and people experiencing **homelessness**. Because the severity of hepatitis A increases with age, the **risk for these groups is considered high for adults aged 40 and above.** For those with **existing liver disease or older adults, the risk can be very high.**

Risk assessment

People who have not previously been infected by or vaccinated against hepatitis A are susceptible to HAV infection.

In **countries currently experiencing 'outbreaks**, the probability for sustained transmission and circulation of the virus within risk groups is assessed as **high**. Within these groups, the risk of the disease is assessed as **moderate** for those below 40 years of age and **high** for adults 40 years of age or older, as the severity of the disease increases with age.

For people with predisposing liver disease or older adults, the risk can **be very high**.

The risk for the broader population in these countries is assessed as **low to moderate**.

In **non-affected EU/EEA countries**, as there currently are no reports of increases in HAV IB infections, and therefore considering the **very low probability of infection**, the risk for the broader population is assessed as **very low to low**. However, it is important to note that the probability of infection is higher among groups more likely to be exposed to HAV, and the impact of disease increases with age and predisposing conditions, thus the **overall risk may vary across different population groups.**

Recommendations

ECDC recommends EU/EEA public health authorities undertake a **combination of actions** including epidemiological investigations, targeted prevention, and community-based outreach to contain the outbreak and protect public health:

- Continuing to **investigate hepatitis A transmission routes** and **increasing sequencing** to understand the full epidemiological picture.
- **Targeted vaccination** of population groups more likely to be exposed to the virus should also be considered. **Post-exposure prophylaxis** using the hepatitis A vaccine should be prioritised for **close contacts** of identified cases according to national guidelines.
- Ensuring that people more likely to be exposed have **easy access to basic hygiene** such as soap and water in areas accessible to them such as public restrooms, homeless shelters, food banks.
- **Tailor outreach activities** to populations more likely to be exposed based on an understanding of their needs, attitudes and knowledge. Provide **information in multiple languages**, **adapted to different literacy levels**, and **address rumours and misinformation** that may be circulating.

Table 1. Assessment of the risk associated with HAV infection in the affected EU/EEA countries, by different population groups

	Groups more likely to be exposed to HAV		Broader population	
	<40 years	≥40 years	<40 years	≥40 years
Probability	High	High	Moderate	Moderate
Impact	Low	Moderate	Very low	Low
Risk	Moderate	High	Low	Moderate

Source: ECDC

West and Central Africa: 2025 Monitoring of the flooding situation –

As of 1 July 2025

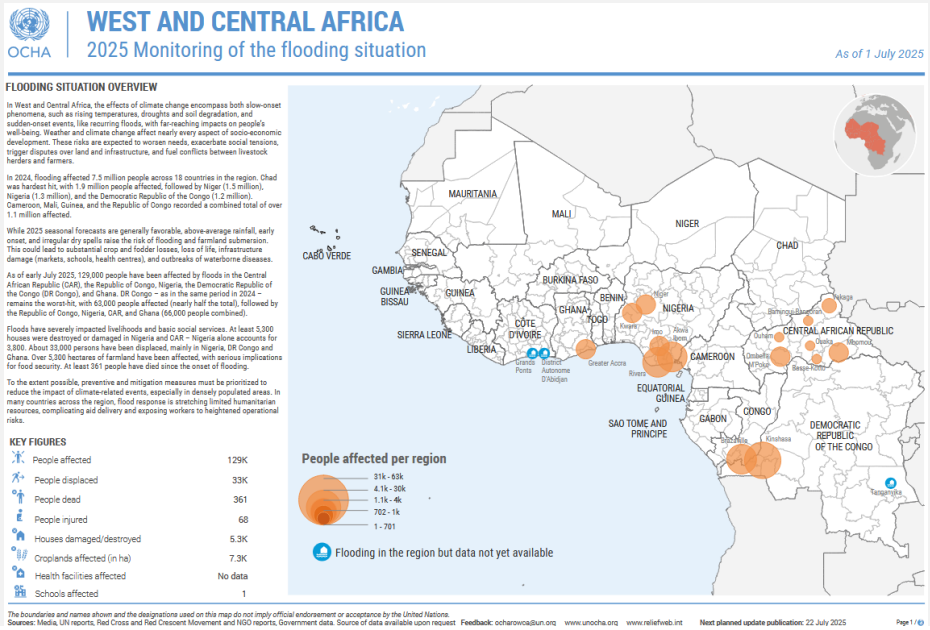
Source: Reliefweb

In 2024, flooding affected 7.5 million people across 18 countries in the region. Chad was hardest hit, with 1.9 million people affected, followed by Niger (1.5 million), Nigeria (1.3 million), and the Democratic Republic of the Congo (1.2 million). Cameroon, Mali, Guinea, and the Republic of Congo recorded a combined total of over 1.1 million affected.

While 2025 seasonal forecasts are generally favorable, above-average rainfall, early onset, and irregular dry spells raise the risk of flooding and farmland submersion. This could lead to substantial crop and fodder losses, loss of life, infrastructure damage (markets, schools, health centres), and outbreaks of waterborne diseases.

As of early July 2025, 129,000 people have been affected by floods in the Central African Republic (CAR), the Republic of Congo, Nigeria, the Democratic Republic of the Congo (DR Congo), and Ghana. DR Congo – as in the same period in 2024 – remains the worst-hit, with 63,000 people affected (nearly half the total), followed by the Republic of Congo, Nigeria, CAR, and Ghana (66,000 people combined).

Floods have severely impacted livelihoods and basic social services. At least 5,300 houses were destroyed or damaged in Nigeria and CAR – Nigeria alone accounts for 3,800. About 33,000 persons have been displaced, mainly in Nigeria, DR Congo and Ghana. Over 5,300 hectares of farmland have been affected, with serious implications for food security. At least 361 people have died since the onset of flooding.



WHO AFRICAN Region Cholera Situation Report

May 2025

The cholera outbreak in the WHO African Region in 2025 has affected 20 countries (Angola, Burundi, Comoros, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Togo, the United Republic of Tanzania, Uganda, Zambia, and Zimbabwe).

Côte d'Ivoire reported in cases in May, **increasing the number** of countries reporting cholera. Outbreaks have been declared over in Togo, while there have been **no further cases** in Namibia and South Africa following confirmed lone cases in March. In May 2025, cases **increased** in Angola, the Democratic Republic of the Congo, Kenya, South Sudan, the United Republic of Tanzania, and Zimbabwe compared to the reported cases in April.

Cyclone Dikeledi hit on 13 January 2025, affecting Madagascar and Mozambique. Furthermore, Cyclone Jude made landfall on 10 March 2025, affecting the provinces of Nampula, Zambezia, Niassa, Tete, Manica, and Sofala in Mozambique. Meanwhile, Member States need to improve cholera preparedness and readiness, heightened surveillance, and scale up preventive and control measures in communities and around border crossings.

Since the beginning of 2025, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 31 May was 124 712 and 2 536 respectively, with a case fatality ratio of 2.0% (same as reported as of the end of April). The top five countries affected so far are South Sudan, the Democratic Republic of the Congo, Angola, Ethiopia and Mozambique, which account for 92.3% (115 125) of the cases and 94.2% (2 389) deaths.

As of 31 May 2025, a cumulative total of 303 913 cholera cases, including 5 764 deaths (CFR: 1.9%), have been reported (Table 1) since 1 January 2024. Angola, the Democratic Republic of the Congo, Ethiopia, Nigeria, and South Sudan account for 70.1% (213 152) of all cumulative cases and 72.3% (4 166) deaths reported.

The number of cases in May 2025 increased compared to April 2025 by 18.9% from 25 373 cases to 30 159. Deaths in May 2025 also increased compared to April 2025 by 8.0%, from 539 deaths to 582 (refer to Fig 2 - 4). The case fatality ratio (CFR) in May 2025 was 1.9% compared to 2.1% in April, which showed a decrease in the CFR. Thirteen countries reported cases in May 2025, compared to 14 countries in April 2025.

Source: Situation Report

WHO Oropouche Virus Risk Assessment

Source: WHO

In 2024, Oropouche virus outbreaks increased markedly, with spread beyond endemic areas of the Amazon and expanding for the first time to Cuba, where illnesses were reported throughout the whole country. The outbreaks also spawned several travel-related cases, including in the United States and Europe. As the outbreaks gained steam, more reports of poor fetal outcomes came from Brazil, the most affected country.

The analysis of circulating Oropouche viruses identified two main reassortant lineages, one circulating in Brazil and Cuba and the other in Peru and Ecuador. Colombia reported both lineages.

The spread of the Brazilian lineage in Cuba likely resulted from a single introduction in Acre in early February 2024 and probably circulated undetected until May. Within 2 to 3 months, the virus expanded nationwide, which underscores the lineage's capacity to spread and sustain transmission.

Cocirculation of the two lineages in Colombia raises concerns about the evolving nature of orthobunyaviruses and about future reassortant events, along with the potential for more severe phenotypes and enhanced vector competence.

Despite barge traffic on the Amazon between Brazil and Peru, sequencing of samples from Peru revealed only the lineage that circulates in Peru and Ecuador. The epidemiology of the disease on the Peruvian side of the river is understudied, but serology studies from rural communities in the region suggest that transmission is intense and continuous.

Though the *Culicoides paraensis* midge species most associated with Oropouche virus spread thrives in hot, humid conditions, and rising temperatures could expand its range, so far researchers haven't seen any dramatic shifts. Changes in land use could also play a role, bringing the vectors closer to humans.

C paraensis was only found in Cuba in 2024 after the country's outbreak, though pools from another midge species and that of *Culex quinquefasciatus* mosquitoes were positive for Oropouche virus RNA in the past. So, to date, it remains unclear which is the main vector for OROV transmission in Cuba, but investigations and training on the identification of *C. paraensis* are ongoing in the country.

Clinically, symptoms resemble dengue fever and Zika virus infection, with meningitis or encephalitis reported in rare cases. Deaths in people infected with Oropouche virus remain low, with five reported in the Americas since 2024.

Vertical transmission concerns remain and are the topic of ongoing investigations, with three possible mechanisms: transplacental, perinatal, and through breast milk. Though Oropouche virus has been detected in semen, no sexually transmitted cases have been documented. And though there is a risk of transmission through blood transfusion or blood components, no cases have been documented.

The assessed risk is moderate in places with competent vector and low in places with absent vectors.

WHO position paper on herpes zoster vaccines

July 2025

Primary infection with varicella-zoster virus (VZV) results in the disease varicella, also known as chickenpox. Subsequently, VZV remains dormant lifelong in the sensory nerve ganglia and can reactivate later in life, giving rise to Herpes Zoster (HZ), also known as shingles.

VZV is present worldwide and, in the absence of a varicella vaccination programme, most people become infected during childhood through to early adulthood. Primary infection with varicella is generally a **self-limiting disease** in immunocompetent children but is often more **severe in adults**. **Months or years after primary varicella infection**, when VZV-specific cell-mediated immunity (CMI) declines, often because of ageing, the reactivation of latent virus from neurons in a single sensory ganglion may occur; this leads to anterograde spread of the virus to the area of skin innervated by that nerve (dermatome) and **resulting in HZ**.

Overall, **>95% of individuals over 50 years of age are seropositive for VZV** and thus at risk of developing HZ. Although HZ can occur at any age, it is most commonly a disease of older adults with the incidence beginning to rise from 50 years of age. The **overall lifetime risk of developing HZ is approximately 32%.** About 50% of people who live to age 85 years will experience an episode of HZ.

An estimated 14.9 million cases of HZ occurred globally in 2020 in individuals aged over 50 years, and this is predicted to increase to as many as 19.1 million cases by 2030 due to changing global population demographics. The incidence of HZ in the entire population has been reported as 3–5 per 1000 person years but it increases substantially in those above 60 years. A similar incidence pattern is seen across countries in Europe, North America and Asia-Pacific.

Post-herpetic neuralgia (PHN) is the most common HZ-related serious complication. Approximately 20% of individuals who develop HZ also experience PHN.

WHO's position

Herpes zoster **vaccination should be considered** in the context of a life-course approach to immunization. In moving towards this approach, consideration needs to be given to the establishment of vaccination programmes for older adults which contribute to healthy ageing.

WHO recommends the use of HZ vaccines for the prevention of HZ in older adults in countries where the disease is **considered an important public health problem**. HZ vaccination may be offered **irrespective of previous history** of varicella and/or varicella vaccination.

Two doses of RZV should be administered via **intramuscular** injection. The first dose should be followed by the **second dose 2–6 months later**. The second dose is essential for optimal protection, even if delayed for a year or more. **Booster doses are currently not recommended**.

Source: WHO

Other Infectious Disease Outbreaks - Africa

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World Health Organization
African Region

Cholera- Democratic Republic of the Congo

Cholera cases are rapidly increasing in Kinshasa, DRC, affecting most of the city's health zones and straining hospitals and funeral services. Flooding and poor sanitation in urban areas can drive the spread of disease.

At least 149 cases and 23 deaths have been reported in Kinshasa in the current epidemic. Between 23 to 29-Jun-2025, four additional health zones in Kinshasa have reported cases, bringing the total number of affected zones to 25 out of 35. A resurgence of cases has been noted in certain urban areas of Kinshasa. News media highlights severe strains to hospital and funeral services amidst infrastructure and sanitation challenges from recent heavy rainfall and flooding. Congregated settings in temporary disaster camps housing flood-displaced residents are particularly vulnerable to outbreaks.

Cholera is endemic in the DRC in many regions in the east including Ituri, North Kivu, South Kivu, and Tanganyika. More than 30,000 cases have been reported in the DRC in 2025 with the provinces of Tanganyika, Haut-Katanga, Sud-Kivu, Maniema, and Tshopo being most affected. In May 2025, a country-wide cholera epidemic was declared. At least six provinces were on alert (Tanganyika, Haut-Katanga, North-Kivu, Kongo Central, and Tshopo).

Source: WHO, Reliefweb, Reliefweb, BBC

Malaria – Ethiopia

Malaria cases continue to surge in Ethiopia, with sustained transmission and worsening impact due to conflict and strained healthcare. In the Ethiopia Health Cluster Bulletin released by the WHO 520,782 malaria cases were reported in May 2025, among the highest monthly totals recorded in recent years. Earlier in 2025, from 01-Jan to 28-Feb, the country had already reported 909,146 malaria cases and 34 deaths. The most affected regions include Oromia, Amhara, South Ethiopia, Southern Nations, Nationalities, and Peoples' Region (SNNPR), and Benishangul-Gumuz. WHO noted concurrent outbreaks of cholera, measles, mpox, and malaria in Ethiopia. Ongoing conflict in several regions has severely disrupted healthcare access and delivery, particularly in hard-to-reach areas.

Source: Reliefweb, NewsMedia, NewsMedia

Diphtheria – Somalia and Marocco

A fast-spreading diphtheria outbreak in Mudug, Somalia is causing child deaths, prompting emergency measures in Galkayo. Health authorities have not released case counts or detailed clinical profiles but confirmed that children are disproportionately affected.

On 18-Jun-2025, media and clinical reports suggest a concerning resurgence of diphtheria cases in Morocco. Although national authorities have yet to release an official statement and case counts, healthcare professionals have reported a noticeable increase in diphtheria diagnoses, primarily in pediatric and adolescent patients, at hospitals across the country. The surge in diphtheria cases appears to correlate with recent patterns of declining routine immunization coverage, particularly since the COVID-19 pandemic.

Source: NewsMedia, NewsMedia

Circulating vaccine-derived poliovirus type 2 (cVDPV2) – Benin and Ethiopia

Ethiopia has confirmed four new polio cases and Benin one.

All Ethiopian patients are from Oromia state, with paralysis onset in February through April. Officials have confirmed 33 cVDPV2 cases in Ethiopia in 2025. That compares with 43 cases in all of 2024.

The illness in Benin is in Borgou department, and the patient first had symptoms on May 14. It's the second confirmed cVDPV2 case in Benin this year, compared with a single reported case last year.

Source: PGEI

Measles – South Africa

Increasing measles cases has been reported in Gauteng Department, South Africa. A total of 181 laboratory-confirmed measles cases have been reported between 01-Jan-2025 and 13-Jun-2025. The majority of cases have been reported in Johannesburg, Tshwane, and Ekurhuleni districts. Recent high case activity has been reported in Mamelodi and Winterveld in Tshwane, where 35 and 10 cases have been reported, respectively. There have been 16 hospitalizations linked to measles in Tshwane, all of whom have since been discharged. In 2024, South Africa reported 931 cases, with Gauteng accounting for 372 cases (40%).

Source: NewsMedia, NewsMedia

Crimean-Congo Hemorrhagic Fever (CCHF) in Cameroon

A peer-reviewed scientific publication has reported on the **first laboratory-confirmed detection** of Crimean-Congo hemorrhagic fever virus (CCHFV) in humans in Cameroon, alongside serological evidence of circulation in livestock and significant tick infestation in the region.

Source: Paper

Cholera – Ivory Coast

A cholera outbreak has been confirmed in Vridi Akobrakré, Abidjan, following an initial cluster of deaths with severe diarrhea and vomiting. The area remains at risk due to poor sanitation, high population density, proximity to water sources, and ongoing global vaccine shortages. As of 05-Jun-2025, 45 cases and seven deaths have been recorded. A four-day period without new cases has been recorded as of early June, suggesting initial containment success.

Source: NewsMedia, News, NewsMedia

Chikungunya – Kenya

On 11-Jun-2025, the Kenya Ministry of Health officially confirmed an outbreak of chikungunya virus in Mombasa County, located in southeastern Kenya along the Indian Ocean coast. As of 15-Jun-2025 a total of 242 cases have been reported, of which 101 have been laboratory confirmed. No fatalities have been recorded. The most affected sub-counties are Mvita, Nyali, Likoni, and Kisauni. Changamwe and Jomvu have reported fewer cases but remain under active surveillance. Health officials have warned that the current rainy season may increase mosquito breeding and transmission risk.

Source: NewsMedia, Outbreak News Today

Other Infectious Disease Outbreaks – Europe

bluedot

Chikungunya - France

Local chikungunya cases are increasing in France, with new areas in the north and southwest reporting transmission for the first time. Since May 2025, 712 imported cases and 15 local cases have been reported.

Since the last assessment on 26-Jun-2025, **seven new local cases** and **two newly affected locations** have been reported. Grand Est region in northern France and Nouvelle- Aquitaine in southwestern France are reporting local cases for the **first time**. The remaining regions, located in southern France have reported indigenous cases in previous years.

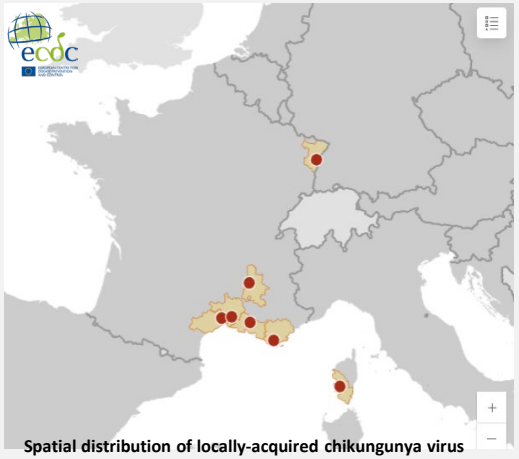
Provence-Alpes-Côte d'Azur is the **most affected region**, reporting seven local cases so far. Since May 2025, the regions reporting the most imported cases include Auvergne-Rhône-Alpes (130 cases), and Nouvelle-Aquitaine (115 cases), and Ile-de-France (111 cases). However, all regions in France have reported imported cases this season.

On 1 July 2025, the authorities of the Grand Est region reported that a **non-travel-associated** (autochthonous) infection with the chikungunya virus had been detected in the French department of Bas-Rhin. The person concerned had stayed exclusively in two municipalities (Lipsheim and Fegersheim) south of Strasbourg and was apparently infected there by the bite of an infected mosquito. The municipalities are **located approx. 6 - 7 km** as the crow flies from the Rhine and thus the **German border** near Offenburg.

However, suitable vectors, in particular the Asian tiger mosquito *Aedes albopictus*, can now be found in large parts of France right up to the German border.

In Germany, *Aedes albopictus* is widespread in Baden-Württemberg and in the Rhine-Main region of Hesse and Rhineland-Palatinate, but also occasionally in Bavaria, Thuringia, Berlin and North Rhine-Westphalia.

Source: Sante France, NewsMedia, France Sante, RKI , ECDC, FLI



Spatial distribution of locally-acquired chikungunya virus disease cases in 2025 till 2 July 2025

Crimean-Congo Hemorrhagic Fever (CCHF) - Greece

A fatal locally acquired case of CCHF was confirmed in Thessaly, Greece, linked to a tick bite. The case was a livestock farmer over the age of 70, who had been hospitalized with severe symptoms and experienced a rapid deterioration, ultimately succumbing to the illness. This marks the first locally acquired case of CCHF in Greece since 2008.

Source: NewsMedia, ECDC

Typhoid – United Kingdom

On 9-Jun-2025, the UK Health Security Agency (UKHSA) reported that the number of travel-associated enteric fever cases (encompassing both, typhoid and paratyphoid fever), has reached a record high in England, Wales, and Northern Ireland. In 2024, a total of 702 cases were reported, representing an 8.8% increase compared to 645 cases in 2023. This figure is the highest number of enteric fever cases ever recorded annually in the region. The vast majority of these infections were acquired during international travel to areas with poor hygiene and sanitation. Surveillance data suggest that travel to South Asia, particularly Pakistan, remains a significant contributor to these cases. UKHSA highlighted the growing concern of antimicrobial-resistant (AMR) typhoid, especially strains originating from Pakistan, which complicates treatment outcomes and increases the risk of severe disease and complications. However, there are no AMR typhoid cases in 2024.

Source: Gov.UK

Country	Cluster ID[2]	NUTS 3*	LAU**	Cluster status	Date first onset	Date last onset	No. of cases
France	2025-CHIK-34-PRADES-LE-LEZ	Hérault	Prades-le-Lez	Active	2025-05-27	2025-05-27	1
France	2025-CHIK-83-LA CRAU	Var	La Crau	Active	2025-06-02	2025-06-05	2
France	2025-CHIK-26-MONTOISON	Drôme	Montoison	Active	2025-06-13	2025-06-13	1
France	2025-CHIK-13-SALON-DE-PROVENCE	Bouches-du-Rhône	Salon-de-Provence	Active	2025-06-16	2025-06-26	5
France	2025-CHIK-2A-GROSSETO-PRUGNA	Corse-du-Sud	Grosseto-Prugna	Active	2025-06-19	2025-06-27	3
France	2025-CHIK-30-BERNIS	Gard	Bernis	Active	2025-06-11	2025-06-11	1
France	2025-CHIK-67-LIPSHEIM	Bas-Rhin	Lipsheim	Active	2025-06-26	2025-06-26	1

Countries and regions with locally-acquired chikungunya virus disease cases in 2025 till 2 July 2025

Other Infectious Disease Outbreaks – Americas

bluedot

World Health Organization

Measles – Mexico –UPDATE -

The measles outbreak in Mexico continues to escalate. As of 03-Jul-2025, Mexico has reported 3,075 laboratory-confirmed measles cases, affecting 18 states and 61 municipalities. Chihuahua accounts for 2,879 cases (94%), followed by Sonora (82 cases), Zacatecas (21 cases), Durango (19 cases), and Coahuila (16 cases). The outbreak is primarily impacting children aged 0–4 years, with over 92% of all confirmed cases occurring in unvaccinated individuals. Nine deaths have been reported to date, eight in Chihuahua and one in Sonora. All deceased individuals were unvaccinated. An additional 5,982 probable cases are under investigation. **Genotype analysis has linked the strain to outbreaks previously reported in Texas (US), and Canada.**

The national MMR1 (first dose) coverage is estimated at 85–87%, while MMR2 (second dose) coverage is approximately 70–75%, both below the ≥95% threshold required for herd immunity. There are significant immunity gaps, especially in rural, remote, and migrant populations, due to logistical barriers and reduced access to routine immunization services.

Source: PAHO, PAHO, NewsMedia, NewsMedia

Measles – USA – UPDATE-

As of July 1, 2025, a total of 1,267 confirmed measles cases were reported by 38 jurisdictions, which is just 8 shy of passing the total in 2019, which was the highest since the disease was eliminated in the country in 2000.

Though the large outbreak in West Texas has slowed substantially, the number of smaller outbreaks and travel-related cases continues to grow. The CDC this week reported 4 more outbreaks, raising the national total to 27. So far this year, 88% of confirmed cases have been linked to outbreaks.

The Wyoming Department of Health early July announced the state's first case since 2010, which involves an unvaccinated child from Natrona County, which is home to Casper.

In other developments, a handful of states reported more cases. Utah, which recently confirmed its first cases that were followed by more related detections, reported two more infections, raising its total to nine.

In Michigan, the Kent County Health Department, located in Grand Rapids, announced a measles case in a young child whose family had recently traveled internationally. It added that the new case marks the county's second case of the year and the 17th to be confirmed in Michigan.

Meanwhile, Florida has reported its third case of the year, involving a young adult from Leon County, home to Tallahassee, who was exposed during travel outside the country in June.

The Kansas Department of Health and Environment reported 3 more cases; all linked to an outbreak in the southwest of the state that was tied to the large West Texas outbreak. The state now has 83 cases, 80 of them linked to the main outbreak that spans 11 counties.

Source: CIDRAP, CDC, Utah.gov, Michigan.gov, NewsMedia, NewsMedia, TCHealthDepartment

Measles – Bolivia

News media highlights more than 400 suspected cases under-investigation. The majority of cases are reported in individuals under 19 years of age. As of 25-Jun-2025, over 90% of cases have been reported by the state of Santa Cruz. At least 11 municipalities in Santa Cruz are reporting cases. The most affected are El Torno, Vallegrande, Cotoca, Montero, Porongo, San Miguel de Velasco, Santa Cruz de la Sierra, Warnes, and Cabezas. Authorities in Santa Cruz de la Sierra have declared a red alert in the municipality, due to evidence of ongoing community transmission.

Despite intensified vaccination campaigns, several departments, including Potosí, Santa Cruz, and Cochabamba, are facing a shortage of measles vaccines, with ongoing campaigns now limited to children under five years of age in select regions. Over the past five years (2021–2024), the nation's vaccine coverage has consistently remained below 95% (threshold for herd immunity). WHO/UNICEF 2024 estimates indicate only 66.7% national measles vaccine coverage for a second dose.

Source: NewsMedia, NewsMedia, NewsMedia, NewsMedia

Dengue – Puerto Rico

Dengue infections are rising in Puerto Rico, with sustained transmission into mid-2025 and continued emergency status. Dengue infections are rising in Puerto Rico, with sustained transmission into mid-2025 and continued emergency status. As of June 2025, the U.S. CDC reported 1,746 total dengue cases in Puerto Rico. Three dengue-associated deaths have been confirmed, with one additional under investigation.

Source: CDC, NewsMedia

Dengue - Cuba

Suspected dengue cases are rising in Cuba, amid widespread mosquito presence and poor sanitation. DENV-3 and DENV-4, linked to more severe illness, are circulating. Media reports are raising concerns over suspected dengue cases in Pinar del Río Province, attributed to high levels of Aedes aegypti mosquito infestation. This increase coincides with a broader public health crisis in Cuba, exacerbated by infrastructure and sanitation issues. Health authorities have identified high numbers of suspected dengue cases in the municipalities of San Luis, Sandino, Guane, and the provincial capital (i.e., Pinar del Rio City).

Source: NewsMedia

Leptospirosis - Ecuador

National health authorities in Ecuador are raising concerns about a sharp increase in leptospirosis cases across several provinces, with a notable recent surge in Zamora Chinchipe.A total of 771 cases of leptospirosis have been reported nationwide in 2025, surpassing the 595 cases recorded throughout all of 2024 and marking the highest incidence in the past five years.

Source: NewsMedia, NewsMedia

Other Infectious Disease Outbreaks – Asia

Nipah Virus – India – Update -

Tests have identified Nipah virus in two patients from India's Kerala state, one of them an 18-year-old woman from Malappuram district who died from her infection after treatment in a hospital in Kozhikode district, according to an Indian media report that cited health department officials. A second Nipah infection was reported in a 38-year-old woman from neighboring Palakkad district. A source told the news outlet that there are no known epidemiologic connections between the two patients, but officials are looking into the possibility of a common social event that might link the cases.

State health officials said 425 contacts have been identified, including five who are receiving intensive care. Test results on another contact were negative.

India reported its last Nipah virus case in May, which marked the country's seventh case in Kerala state since 2018. The woman was from the same district as the new fatal case.

Source: CIDREP

Vaccine-derived Poliomyelitis - Myanmar

A case of vaccine-derived polio was confirmed in a young child in Shan State, Myanmar in May 2025. This case represents the first reported case of polio since 2019 when one cVDPV-1 case was confirmed in a two-year-old child from Kayin state in southern Myanmar. Ongoing instability and low vaccination coverage makes it harder to detect and control outbreaks in the region. UNICEF estimated in December 2024 that 1.2 million children in Myanmar have missed all routine vaccinations.

Source: NewsMedia, Reliefweb

Dengue and Chikungunya - Bangladesh

Dengue cases are rising sharply across Bangladesh, with activity increasing earlier than last year. With high mosquito density and monsoon rain, risk of transmission is widespread. Bangladesh reported 11,954 dengue cases and 45 deaths compared to 3,978 cases and 46 deaths last year over a similar period (by 07-Jul-2024). This represents a three-fold increase in cumulative cases as of July (epiweek 27).More than 200 cases have been reported daily in the past week. According to news media, Barisal division is most affected with over 5,000 cumulative cases, followed by Dhaka (3,837 cases).

On 30-Jun-2025, a local outbreak of chikungunya was reported in Chittagong, Bangladesh.

Bangladesh experiences seasonal surges of dengue cases during the monsoon period, typically from June to September. Additional increases in cases are expected. Medical staff report that up to 70% of the roughly 400 daily patients visiting the General Hospital's outpatient department are likely suffering from chikungunya. Laboratory confirmation is limited due to constrained PCR testing availability, though clinical suspicion remains high.

Source: DGHS.gov, NewsMedia, NewsMedia

Measles - Kyrgyzstan

Measles cases are rising sharply in Kyrgyzstan, with major outbreaks in Jalal-Abad, Bishkek, Osh, and Chui. Low vaccination rates and widespread vaccine refusal are fuelling spread.

As of 17-Jun-2025, the Ministry of Health of Kyrgyzstan reported a total of 8,211 measles cases. Among these, 982 cases have been laboratory confirmed, 3,590 clinically confirmed, and 3,639 are epidemiologically linked. The national measles incidence rate stands at 112.8 per 100,000 population, marking a significant escalation compared to previous years. Jalal-Abad region is emerging as one of the most affected areas alongside Bishkek, Osh, and Chui. Nine confirmed deaths related to measles complications have been reported as of 3-Jun-2025, comparable to the confirmed deaths in 2023 and exceeding the five deaths in 2024. 94% (7,724 cases) were unvaccinated. Among vaccinated individuals: 3% (274 patients) received one MMR dose, and 3% (213 patients) received two doses. This highlights the high community levels of measles circulation

Source: Outbreak News Today

Japanese Encephalitis - Taiwan

A surge in Japanese Encephalitis (JE) cases has been reported in Taiwan, with five new infections across multiple regions in mid-June. This signals heightened mosquito-borne transmission risk during the summer. The five new cases occurred in Nantun District (Taichung City), Huatan Township (Changhua County), Beigang Township (Yunlin County), and two townships in Pingtung County: Kanding and Gaoshu; marking the highest weekly case count in the past five years. Cumulatively, Taiwan has recorded six JE cases in 2025 as of mid-June, consistent with previous years (2021–2024 cases ranged from 7 to 15 annually during the same season). However, the cluster of five cases in one week raises concern. Investigations revealed proximity to high-risk mosquito breeding environments, such as pig pens, rice paddies, and pigeon houses, around the homes of all six patients.

Source: NewsMedia, UDN

H5N1 avian flu - Cambodia

Cambodia's health ministry announced another human H5N1 avian flu case of the year, involving a 5-year-old boy from Kampot province. The country has reported an uptick in human cases since late 2023, but illnesses have accelerated recently, with 9 reported since early June and 12 so far in 2025. Investigators found that the boy's family had a flock of 40 chickens, a few of which were sick or had died. The boy reportedly played with the chickens every day. H5N1 is known to circulate in Cambodian poultry, and a new reassortant is circulating that contains genes from an older Cambodian clade and genes from the global 2.3.4.4b clade. Human cases in Cambodia typically involve contact with poultry, and illnesses involving the older clade or the new reassortant are often severe or fatal.

Source: CIDRAP, NewsMedia, GOV

Other Infectious Disease Outbreaks – Asia/Middle East

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Pertussis - Japan

A total of 31,966 confirmed cases have been reported in 2025 until 15 June. This is almost eight times higher than the total reported for the full calendar year in 2024. Cases have already surpassed the most recent annual record-high of 16,785 cases recorded in 2019. The most reporting prefectures are; Tokyo (2,068 cases), Niigata (1,950 cases), Osaka (1,617 cases), Hyogo (1,545 cases) and Fukuoka (1,508 cases). News media reports that most patients have been under 19 years of age.

Source: JIHS.gov, NewsMedia, WHO, Paper

Hand Foot And Mouth Disease (HFMD) - Malaysia

Malaysian health authorities are reporting a sharp increase in HFMD cases in several regions, most notably in the state of Kelantan, northeast Malaysia.

As of 21-Jun-2025, Malaysiahas reported over 90,000 case(10-fold increase compared to 2024), while the state of Kelantan has reported 11,813 HFMD cases, (14-fold increase compared to the same period in 2024). A total of 138 outbreaks have been recorded across the state. The most affected districts include Pasir Mas (29 outbreaks), Kota Baru (29), and Kuala Krai (27). Children aged six years and under are the most affected group, accounting for 83.9% (9,912 cases) of all reported infections. Most outbreaks occurred in early childcare settings: 102 (73.9%) in nurseries, kindergartens, and preschools; 36 (26.1%) were reported in private homes. The primary circulating strain was identified as *Coxsackievirus A16*, a common cause of HFMD. No severe complications or deaths have been reported to date

Source: NewsMedia, NewsMedia

Zika - Singapore

On 18-Jun-2025, Singapore's National Environment Agency and Communicable Diseases Agency released a joint statement confirming two local Zika virus cases. One case lives in an area with an active dengue cluster, while the other is in an area with a recently closed dengue cluster. Health authorities enhanced both wastewater and mosquito surveillance in the surrounding residential areas and found persistent Zika virus signals, indicating that this area is likely to have Zika transmission. Singapore has reported eight Zika virus infections in 2025, with the most recent case reported on 19-Jun-2025.

Source: nea.gov, the Lancet

Japanese Encephalitis - India

Japanese Encephalitis is spreading beyond its usual zones in Assam, India, and is now affecting new areas in the west and south. This is concerning due to the onset of monsoon season, when mosquitos thrive and unregulated pig farming activities are taking place, further fuelling spread. Historically confined to the upper districts of Assam State, JE transmission is now being reported in lower and western districts, indicating a shift in geographical distribution.

Between 01-Apr and 04-Jul-2025, 134 confirmed cases and 13 deaths have been reported across the state. Gauhati Medical College and Hospital (GMCH), a key tertiary care center, has treated approximately 50 of these cases.

The outbreak, which typically peaks during the rainy season from May to August, began in April 2025 with the first recorded fatalities in June. Local reports suggest that unregulated pig farming may be contributing to virus amplification and transmission.

Source: NewsMedia, NewsMedia

Crimean-Congo Hemorrhagic Fever (CCHF) - Republic of Iraq

CCHF cases are rising sharply in Iraq ahead of Ashura, with major hotspots in Dhi Qar and Baghdad. Iraq's Ministry of Agriculture is reporting a 71% increase in CCHF infections compared to the same period in 2024. As of 29-Jun-2025, a total of 179 confirmed cases, including 23 deaths, were recorded in 2025, with the most affected areas being Dhi Qar (50 cases, 1 death) and Baghdad (28 cases, 8 deaths). Additional cases have emerged in Karbala, Najaf, Anbar, and Salah al-Din.

Authorities attribute the rise in cases to poor public health awareness, unsafe animal slaughter practices, and insufficient infection control measures in healthcare and rural settings. Millions are expected to participate in upcoming Ashura rituals, which involve mass livestock slaughter, increasing risks of zoonotic spillover

Source: GAVI, NewsMedia

Animal Infectious Disease Outbreaks 2025

World Organisation for Animal Health

Influenza A viruses of high pathogenicity (Inf. with) (non-poultry including wild birds), H5N5

***FIN*:** On July 7, 2025, one Golden Eagle was tested positive by the Finnish Food Authority. The carcase was found in Utsjoki, Lappi.
(69.87656 , 28.05857 *(Approximate location)*)

***NOR*:** On July 3, 2025, one Great black-backed Gull was tested positive by the Norwegian Veterinary Institute (NVI). The carcase was found in Oeknes, Nordland.
(68.92345 , 15.06414 *(Approximate location)*)

***DNK*:** On June 20, 2025, one Hering Gull was tested positive by the Statens Serum Institut. The carcase was found in Lille Valby, Roskilde.
(55.707 , 12.1143 *(Approximate location)*)

High pathogenicity avian influenza viruses (poultry), H5N1/H7N9

GBR: On June 23, 2025, 2198 domestic bird were tested positive by the Animal and Plant Health Agency (APHA). The Case occurred at Wrexham, North Wales and Pembrokeshire, Wales.
(52.88 , -3.23 and 51.85 , -5.05 *(Approximate location)*)

Newcastle disease virus

MKD: Sixty cases in domestic birds have been verified by the Faculty of the Veterinary Medicine, on 27 June 2025. The case occurred in Rankovce.
(42.2669 , 22.111525 *(Approximate locations)*).

Newcastle disease virus

POL: S32394 cases in domestic birds have been verified by the National Veterinary Research Institute (NVRI), between June 23 and 26, 2025. The case occurred in Palubice, Kartuzy.
(54.3787028476803 , 17.86173513907911 *(Approximate locations)*).

Rabies virus

ARM: One case of rabies in dog hase been verified by the Republican Veterinary-sanitary and Phytosanitary Center of Laboratory Services SNCO, on 24 June. Both cases occurred in Yerevan.
(40.2265 , 44.4451 *(Approximate locations)*).

Bluetongue

MKD: Between 23 June and 4 July seven sheep have been tested positive by the Faculty of the Veterinary Medicine. Cases occurred in Tearce.
(42.068747 , 21.089413 *(Approximate location)*)

African swine fever

DEU: On June 14 to 17, 2025, five wild boar carcase were tested positive at the Friedrich Löffler Institute. The cases occurred in Kirchundem, Olpe.
(51.09 , 8.18 *(Approximate location)*)

Sheep and goat pox

BGR: On June 30, 2025, in total 8 positive sheep sample were identified by the National Reference Laboratory for sheep and goat pox. The sheeps were located at Maritsa and Svilengrad, Plovdiv. The The outbreaks are located in the village of Skutare, near the city of Plovdiv. Two backyard-type livestock holdings are affected. According to the latest information, there is no epidemiological link between the two premises, but further investigation will provide more clarity.
(42.1823 , 24.8337 and 42.1944 , 24.8528 *(Approximate location)*)

***ROU*:** 1913 cases have been confirmed by the Institute for Diagnosis and Animal Health (IDAH). The case occurred in Dobrotesti on June 16 to 19, 2025.
(44.282714 , 24.917448 *(Approximate location)*)

Equine Infectious Anaemia

***BGR*:** One case of EIA has been confirmed by the National Reference Laboratory for Exotic Diseases at the National Diagnostic Research Veterinary Institute, Sofia. The case occurred in Tarhovo, Seclievoon June 23, 2025.
(42.9928 , 25.2008 *(Approximate location)*)

***BEL*:** One case of EIA has been confirmed by Sciensano on June 17, 2025. The case occurred in Liege.
(50.420346 , 5.6732 *(Approximate location)*)

Lumpy Skin Disease

FRA: 15 cases in domestic cattle have been verified by Centre de coopération internationale en recherche agronomique pour le développement (CIRAD-EMVT), Montpellier, on June 29, 2025. The case occurred in Chambery, Savoie, Auvergne-Rhöne-Alpes.
(45.79778581736881 , 5.894221316093468 *(Approximate locations)*).

ITA: 38 cases in domestic cattle have been verified by National Reference Laboratory for Cystic Echinococcosis, Sardinia, on July 1, 2025. The case occurred in Orotelli and Sarule.
(40.209698 , 9.177213 and 40.28903 , 9.102816 *(Approximate locations)*).